

Applicant or Patentee: An W. J. Szabo

Attorney's Szabo 201
Docket No.: _____

Serial or Patent No.: _____
Filed or Issued:

For: NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD described in

- the specification filed herewith
 application serial no: _____, filed _____
 patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 101 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
Andrew J. Szabo		
Signature of Inventor <i>Andrew J. Szabo</i>	Signature of Inventor <i>✓</i>	Signature of Inventor <i>✓</i>
Date <i>6-30-96</i>	Date	Date

COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO

SZABO 201-KFM

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the Invention entitled NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD
the specification of which (check one) is attached hereto.

was filed on _____ as
Application Serial No. _____ and
was amended on _____
(if applicable)
was amended through _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or Inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Andrew Szabo

Serial No.: Continuation of 08/671,413

Filed : June 27, 1996

For : NUTRITIONAL OPTIMIZATION SYSTEM AND METHOD

September 21, 1999

Hon. Commissioner of Patents
& Trademarks
Washington, DC 20231

NOTICE OF REVOCATION OF POWER OF ATTORNEY AND CHANGE OF ADDRESS

Sir:

Please take notice that the attorney of record in the above-identified application has relocated to the following address. Kindly address all future correspondence to: Steven M. Hoffberg
MILDE, HOFFBERG & MACKLIN, LLP
10 BANK STREET - SUITE 460
WHITE PLAINS, NY 10606
Phone: (914) 949-3100 Fax: (914) 949-3416

The Power of Attorney to Philip Furgang, Reg. No. 24,246 is hereby revoked.

The Power of Attorney to Karl F. Milde, Jr., Reg. No. 24,822; Steven M. Hoffberg, Reg. No. 33,511 and Kenneth E. Macklin, Reg. No. 20,875 remains in force. The Commissioner is hereby authorized to charge any fees due in connection with this application, with the exception of the issue fee, to Deposit Account No. 50-0427.

Respectfully submitted,

By

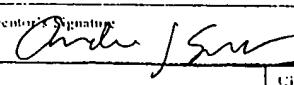
Steven M. Hoffberg
Reg. No. 33,511

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

STEVEN M. HOFFBERG, Reg. No. 33,511;

KARL F. MILDE, JR., Reg. No. 24,822 and Philip Furgang, Reg. No. 24,246, both of Centerock East, 2 Crosfield Avenue, Suite 210, West Nyack, New York 10994, my attorneys with full power of substitution and revocation.

Send Correspondence To: PURGANG & MILDE 2 CROSFIELD AVE., STE. 210 WEST NYACK, NY 10994	Direct Telephone Calls To: Karl F. Milde, Jr. (914) 353-1818
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Full Name Of Sole or First Inventor Andrew J. Szabo	Inventor's Signature 	Date 6-30-96
Residence 130 Washington Street, Dobbs Ferry, NY 10522	Citizenship U.S.A.	
Post Office Address SAME AS ABOVE		
Name Of Second Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		
Name Of Third Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		
Name Of Fourth Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		
Name Of Fifth Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		
Name Of Sixth Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		
Name Of Seventh Inventor <input checked="" type="checkbox"/>	Inventor's Signature	Date
Residence <input checked="" type="checkbox"/>	Citizenship	
Post Office Address <input checked="" type="checkbox"/>		